

TOWN OF SOUTHAMPTON

Department of Human Services
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

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ANNA THRONE-HOLST
TOWN SUPERVISOR

WILLIAM C. JONES
DIRECTOR
VIRGINIA B. BENNETT
DEPUTY DIRECTOR

2012 CULTURAL ARTS and RECREATION GRANT

APPLICATION and CHECKLIST

Submission deadline is by 4 PM on Friday, November 4, 2011

Call Virginia Bennett at (631) 702-2423 with any questions.

1. _____ CONTACT SHEET
 2. _____ PROGRAM DISCRIPTION
 3. _____ PROPOSED BUDGET
 4. _____ NEW APPLICANTS submit proof of Not-For-Profit Status AND W-9 Form
 5. _____ **END-of-YEAR Program Summary and Accounting.**
If you received a 2011 Town of Southampton grant, you must submit your end of year summary with this application which includes a brief self-evaluation of the program activities and an accounting of how the funds awarded were actually expended.
 6. _____ **INSURANCE CERTIFICATES.** 2012 awardees will provide an insurance certificate for each of the following types of insurance AS NOTED:
 - A) **Commercial Business Liability Insurance** *from everyone.*
 - B) **Worker's Compensation C-105** *with one or more employees.*
 - C) **Disability Benefits Insurance DB -120** *with one or more employees.*
 - D) **Businesses with no employees** must submit a state-issued, substantiating waiver, available at www.wcb.state.ny.us
- FUNDING WILL NOT BE RELEASED UNTIL
ALL REQUIRED CERTIFICATES ARE RECEIVED.**
7. _____ Return one completed, signed copy. Electronic applications cannot be accepted.

Contact Sheet

NAME OF ORGANIZATION: _____

ORGANIZATION DIRECTOR: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PROPOSED TITLE OF PROGRAM / EVENT: _____

CONTACT PERSON: _____ **TITLE:** _____

PHONE NUMBER: _____ **FAX:** _____

EMAIL: _____

PROGRAM'S TOTAL COSTS: \$ _____

AMOUNT REQUESTED OF TOWN: \$ _____

Signature of Chair/Board of Directors (or other authorized individual)

Please print name and title:

Program Description

Organization Name: _____

1. **When was your organization established?** _____
2. **What specific activities are proposed?**

3. **Who will benefit from these program activities?**_____

4. **How many participants will be served?**_____
5. **Where will the program(s) be held?** _____

6. **Do you have other funding sources? YES _____ NO _____**
If “YES”, what are those other funding sources? If “NO” - how will you fund programming if the Town cannot award your total request?

7. **Are you in compliance with the Americans with Disabilities Act?**_____
8. **Are you in compliance with Title VI of the Civil Rights Acts of 1964 prohibiting discrimination in hiring or employment opportunities?** _____

PROGRAM BUDGET

I. Personnel costs associated with proposed program

Positions

Project Salary

Salary Totals \$ _____

II. NON-PERSONNEL COSTS

COSTS

Non-personnel Total \$_____

Salary Total \$_____

GRAND TOTAL: \$ _____

Feel free to include brochures, photos, comments, etc., from past programs or participants.

DEADLINE: 4 PM on FRIDAY, NOVEMBER 4, 2011